

Utah Refugee Health Program

Bureau of Epidemiology
Prevention, Treatment & Care Program

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UTAH DEPARTMENT OF
HEALTH

Table of Contents

Preface	3
Overview of Refugee Resettlement.....	4
Decreasing Refugee Arrivals.....	5
Resettlement in Utah.....	6
Utah Department of Health Refugee Health Program.....	7
Overseas Medical Report and Conditions	11
Tuberculosis and Latent TB Infection	14
Care and Coordination	15
Refugee Dental Program	23
Language Access	24
Health Promotion	25
Resources.....	26
Appendix A: Overseas Medical Form	
Appendix B: Utah Refugee Health Screening Form	
Appendix C: Refugee Health Screener 15	

Preface

Welcome to the Utah Refugee Health Program Manual. This manual is designed to be a resource for health care and social service providers who serve refugees. It describes in detail the process of refugee resettlement, expectations for refugee health screenings, and services provided to refugees resettled in Utah.

The Federal Refugee Act of 1980 created a uniform system of services for refugees resettled in the United States (U.S.). As such, each newly arriving refugee is entitled to a comprehensive health exam within the first 30 days after arriving in the U.S. The primary goal of the program is to offer culturally-appropriate health screenings, education, and referrals to all new refugees arriving in the state of Utah. The Refugee Health Program within the Utah Department of Health works alongside resettlement agencies, local providers, Department of Workforce Services (DWS), the Office of Refugee Resettlement (ORR), and community-based organizations to foster community health partnerships with those groups who serve refugee populations. By coordinating activities between refugee service providers, the Utah Refugee Health Program facilitates and promotes health programs that are culturally and linguistically appropriate.

Overview of Refugee Resettlement

The United Nations defines a refugee as, ***“Any person who is outside any country of such person’s nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.”***

(<http://www.acf.hhs.gov/programs/orr/resource/who-we-serve-refugees>).

Providing refuge to individuals whose lives have been impacted by war, conflict or disaster is a key part of the U.S.’ humanitarian efforts. Following World War II and the admission of 250,000 displaced Europeans, Congress enacted the first refugee legislation, “The Displaced Persons Act of 1948,” which allowed for the admission of an additional 400,000 displaced Europeans (<http://www.rcusa.org/history>).

In 1975, with the resettlement of hundreds of thousands of Vietnamese refugees, Congress recognized the need to establish a formal resettlement program. Congress passed the “Refugee Act of 1980,” which standardized resettlement services for all refugees admitted to the U.S.

Administered by the Bureau of Population, Refugees and Migration (PRM), in conjunction with the ORR in the Department of Health and Human Services (HHS), the current refugee program contracts with nine voluntary agencies (VOLAGS) to ensure newly arrived refugees successfully integrate into their new communities (<http://www.rcusa.org/history>). The refugee admissions process is quite comprehensive and may take anywhere from a few months to years to complete. Information on the admissions and vetting process can be found at:

<https://www.whitehouse.gov/blog/2015/11/20/infographic-screening-process-refugee-entry-united-states>.

Each year the U.S. determines how many refugees will be resettled during a fiscal year (FY), October 1 - September 30. While the number fluctuates slightly from year to year, historically the goal has been to admit 70,000-80,000 refugees annually. Additionally, the U.S. has identified five regions from which refugees will be accepted: 1) Latin America and the Caribbean; 2) Europe and Central Asia; 3) East Asia; 4) Africa; and 5) Near East and South Asia. The number of refugees from each region is determined on annually; for the past several years the largest numbers of refugees have come from the Near East and South Asia regions followed by East Asia and Africa.

In addition to determining the overall number of refugee admissions and allocations from specific regions, the U.S. has developed a three-tiered priority system to help identify the most vulnerable individuals and groups. Specific details regarding the priority system can be found at:

<http://www.state.gov/j/prm/releases/docsforcongress>.

- **Priority 1:** Individual referrals from the United Nations High Commissioner for Refugees (UNHCR), U.S. Embassy and/or other non-governmental organizations working overseas; individuals with compelling need or security issues requiring third country resettlement.
- **Priority 2:** Group referrals, specifically groups with special interest to the U.S. These groups are identified by working closely with the United Nations High Commissioner for Refugees (UNHCR). Groups identified for resettlement in FY19 include:

FY19 Priority 2 Designations

In-country processing programs	Groups of humanitarian concern outside the country of origin
Eurasia and the Baltics: Jews, Evangelical Christians, and Ukrainian Catholics and Orthodox adherents	Ethnic minorities and others from Burma in Thailand camps and in Malaysia
Iraq: individuals associated with the U.S.	Iraq: individuals associated with the U.S.
	Congolese in Rwanda and Tanzania
	Iranian religious minorities
	Syrian Beneficiaries of Approved I-130 petitions

- **Priority 3:** Family reunification, which is limited to spouses, unmarried children less than 21 years of age and/or parents of specific nationalities. In FY19, individuals of the following countries are eligible to apply for family reunification: Afghanistan, Burundi, Central African Republic, Cuba, Democratic People's Republic of Korea, Democratic Republic of Congo, Eritrea, Ethiopia, Iran, Iraq, Mali, Somalia, South Sudan, Sudan, and Syria.

Decreasing Refugee Arrivals

To address the increasing burden of displaced persons worldwide, the Obama Administration determined in September 2016 that the annual refugee admission number would increase from 85,000 in FY16 to 110,000 in FY17. The Trump Administration reduced this number to 50,000 in FY17 and again to 45,000 in FY18. However, the number of refugees that arrived in FY18 was significantly lower than the cap, with only 22,491. This was in part due to two Executive Orders and a Presidential Proclamation (commonly referred to as "travel bans") that significantly reduced the

number of refugee arrivals from Syria, Iran, Libya, Somalia, Yemen, North Korea, and Venezuela, as well as increased security vetting procedures and a reduced number of staff assigned to overseas refugee processing. The proposed refugee admission cap for FY19 is 30,000.

(<https://www.whitehouse.gov/presidential-actions>)

Refugee Arrivals in the U.S., by Region of Origin¹

Region	FY17 Ceiling	FY17 Arrivals	FY18 Ceiling	FY18 Arrivals	FY19 Proposed Ceiling
Africa	35,000	20,232	19,000	10,459	11,000
East Asia	12,000	5,173	5,000	3,668	4,000
Europe and Central Asia	4,000	5,205	2,000	3,612	3,000
Latin America/Caribbean	5,000	1,688	1,500	955	3,000
Near East/South Asia	40,000	21,418	17,500	3,797	9,000
Unallocated Reserve	14,000	0	0	0	0
Totals	110,000	53,716	45,000	22,491	30,000

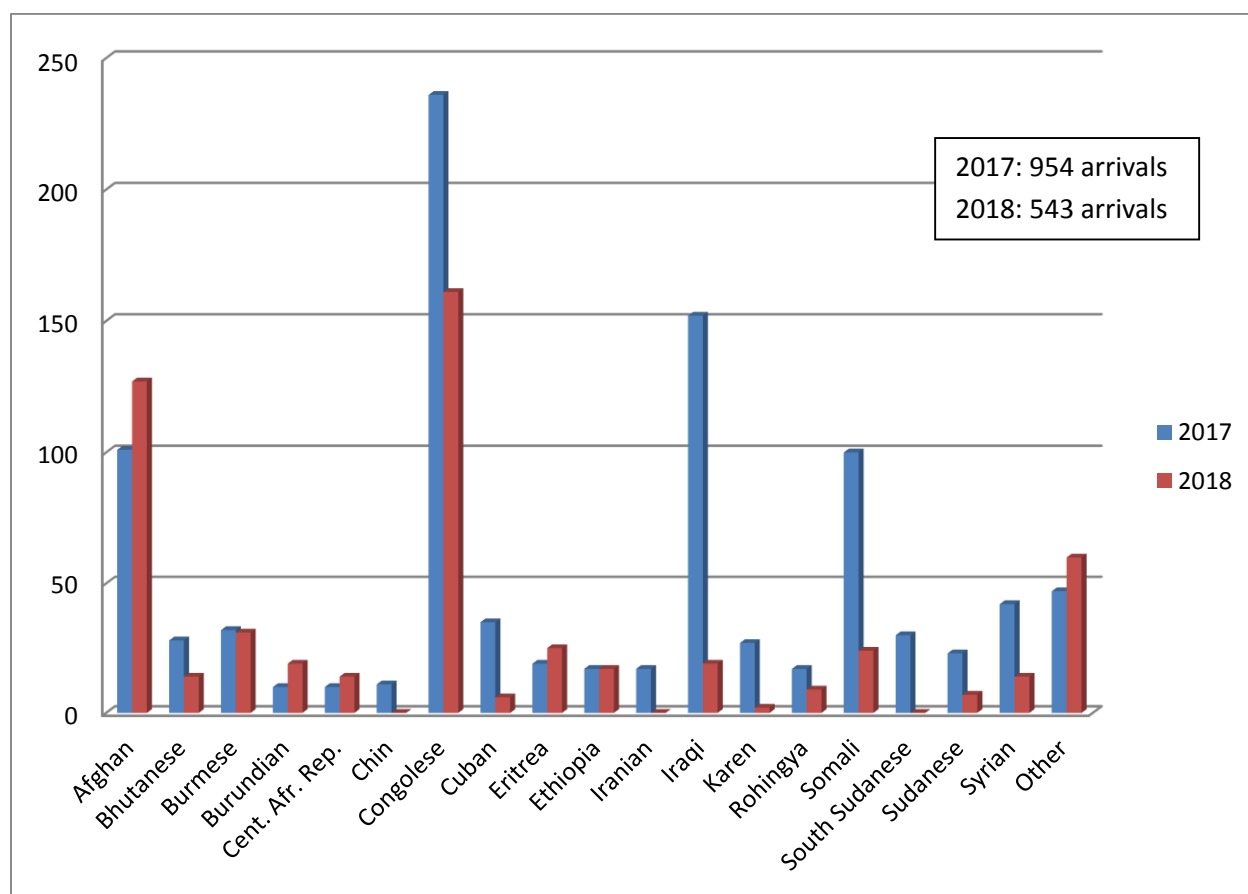
¹ <http://www.wrapsnet.org/archives/>, <http://www.wrapsnet.org/admissions-and-arrivals/>

Resettlement in Utah

According to the Utah Refugee Services Office there are estimated to be more than 60,000 refugees, speaking more than 40 languages, living in Utah; approximately 99% reside in Salt Lake County. Historically, Utah has received roughly 1,100 new refugees arriving each year, but in FY17 there were 954 arrivals and in FY18 there were 543. Two resettlement agencies, Catholic Community Service (CCS) and International Rescue Committee (IRC), provide newly arrived refugees with direct services and support. During the first 90 days, known as the reception and placement period, refugees have access to financial assistance along with employment, housing, education, health and acculturation support. Additionally, refugees typically have access to state-funded programs such as Medicaid and Supplemental Nutrition Assistance Program (SNAP). Utah is unique in that it offers refugees 24 months of direct supportive services. The Refugee and Immigrant Center at the Asian Association of Utah (RIC-AAU), a community-based organization, provides employment, mental health, English as a second language (ESL), case management, and citizenship services to refugees and immigrants. The Utah Refugee Services Office (RSO), housed in the DWS, facilitates the support of the larger refugee community through various initiatives, including capacity building of ethnic-based community organizations, also known as Refugee Community Organizations (RCOs) (<https://jobs.utah.gov/refugee/information/rsoannualreport.pdf>).

Community resources and partnerships are crucial to successful integration; agencies serving refugees rely on one another to ensure that services are timely, adequate, and culturally and linguistically appropriate. DWS facilitates access to government-funded programs such as Medicaid, SNAP, financial assistance, and work readiness programs. Public schools within various school districts provide education for both children and adult learners; additionally local organizations provide ESL classes and tutors. Employment plays a major role in successful integration; staff from CCS, IRC, RIC-AAU and DWS work closely with local employers to identify and secure employment for refugee clients. Access to medical services is also an important factor in the integration process; numerous medical providers and facilities provide quality care to refugee patients.

Figure 1. Refugee Arrivals, Utah, 2017-2018



Utah Department of Health Refugee Health Program

The mission of the Utah Health Department of Health (UDOH) is to “Protect the public's health through preventing avoidable illness, injury, disability and premature death; assuring access to

affordable, quality health care; and promoting healthy lifestyles.” Housed in the Division of Disease Control and Prevention, Bureau of Epidemiology, the Prevention, Treatment and Care Program oversees the Utah Refugee Health Program. The goal of the Utah Refugee Health Program is to **“Foster community health partnerships with those serving refugee populations through culturally appropriate health screening, education and referrals.”** By coordinating activities between local providers, resettlement agencies, local health departments, DWS, the Centers for Disease Control and Prevention (CDC) and ORR, the Utah Refugee Health Program (program) facilitates and promotes health programs and services that facilitate successful and healthy integration in a culturally and linguistically appropriate manner (<http://health.utah.gov/epi/healthypeople/refugee/>, <https://health.utah.gov/executive-directors-office>).

Services and funding provided by the program focus on five priority areas: 1) Health Screening; 2) Care Coordination; 3) Health Promotion; 4) Mental Health; and 5) TB Control. The graphic on the following page describes current efforts in these five areas.

Program Goals and Objectives

- 1) The program will collaborate with resettlement agencies to ensure that at least 90% of newly arriving refugees initiate a health screening within 30 days of arrival.
- 2) The program will monitor health screening results to ensure that 90% of individuals screened and identified with reportable conditions are referred for follow-up care and/or treatment within 30 days of receiving a report of the condition.
- 3) The program will monitor health screening results to ensure that 90% of individuals screened establish a medical home within 30 days of completing the screening.
- 4) The program will work with resettlement agencies to ensure that 90% of individuals referred for a TB-related chest x-ray obtain the x-ray within 30 days of receiving chest x-ray order.
- 5) The program will coordinate with resettlement agencies and mental health providers to ensure clients are referred to and access mental health services as appropriate.

Utah Refugee Health Program

Prevention, Treatment and Care Program
Bureau of Epidemiology
Division of Disease Control and Prevention
Utah Department of Health

Health Screening

Health Clinics of Utah
St. Mark's Family Medicine
Sacred Circle Health Care

- Provide comprehensive health screening within 30 days of arrival
- Report health screening results to UDOH, agencies, and Salt Lake Health Department

Care Coordination

Catholic Community Services
International Rescue Committee
Refugee & Immigration Center
at Asian Association of Utah

- Coordinate health screening within first 30 days
- Coordinate referrals
- Coordinate transportation and interpretation for initial health-related appointments
- Participate in LTBI program
- Coordinate interpretation and transportation

Mental Health

Catholic Community Services
International Rescue Committee
Refugee & Immigration Center
at Asian Association of Utah
Utah Health & Human Rights

- Mental health consultation
- Administer RHS-15 screening
- Group/non-traditional therapy
- Clinical services for RMA clients identified as torture survivors

Health Promotion

Catholic Community Services
International Rescue Committee

- Provide health education and orientations
- Conduct Bridging the Gap training
- Conduct outreach to refugee communities

TB Control

Salt Lake County & Bear River health departments

- Provide treatment of TB disease and infection
- Conduct TB prevention and control activities

Utah Refugee Health Program Staff

- **State Refugee Health Coordinator; Program Manager:** Amelia Self
Oversees the TB Control, Ryan White, HIV Prevention, Viral Hepatitis Prevention, Sexually Transmitted Disease (STD) Prevention, HIV Surveillance and Refugee Health programs; facilitates program development, community collaboration, and technical assistance.
- **Health Screening Coordinator:** Hayder Alkhenfr
Oversees the health screening process and data management of the Utah refugee health database; monitors clinical performance, outcomes, and the clinical quality management initiatives; oversees provider training and education.
- **Wellness Coordinator:** Rachel Ashby
Monitors immunization projects and data; coordinates mental health activities, funding, reporting, data collection and analysis; oversees LTBI treatment process.
- **Contract Coordinator:** Danielle Rodriguez
Develops, amends and monitors contracts and contractor performance; coordinates ORR funded Refugee Health Promotion grant.
- **Contract Billing Specialist:** Ana Vasquez
Coordinates review and processing of all program billings for health screenings and other contracted services provided by screening clinics and refugee agencies.

Utah Refugee Health Data

The Utah Refugee Health Program collects refugee health-related data for refugees arriving in Utah, including: 1) overseas medical data and information on Class B medical conditions received via the Electronic Disease Notification system, 2) demographic and arrival information received from RIC-AAU, CCS, and IRC, 3) health screening results and referral data (including lab tests, parasites, immunizations, and other health conditions) received from the health screening clinics, and 4) limited information on follow-up care (including mental health and latent TB treatment). Data is analyzed monthly to inform program planning and gauge compliance with contract benchmarks. Limited aggregate data is available at the Public Health Indicator Based Information System (PH-IBIS) (<https://ibis.health.utah.gov/indicator/view/RefArr.Year.html>), with more detailed data available on request.

For refugee health-related aggregate data, please contact the Utah Refugee Health Program at 801-538-6191.

Overseas Medical Report and Conditions

The Refugee Overseas Medical Examination is conducted prior to departure for the U.S. in order to detect diseases that would preclude admission to the U.S. and to prevent the importation of diseases of public health importance. (<http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>) Physicians from the International Organization for Migration (IOM) or a local panel of physicians approved by the CDC, perform the examination using locally available facilities and document findings on the appropriate forms (Appendix A). The examination includes:

- a) Medical history and physical examination.
- b) TB Screening: a complete screening for TB includes a medical history, physical examination, chest x-ray, determination of immune response to *Mycobacterium tuberculosis* (e.g., tuberculin skin testing [TST] or interferon gamma release assay [IGRA], when required, and sputum testing, when required).
 - 1. Applicants ≥ 15 years of age require a medical history, physical examination, and chest x-ray.
 - 2. Applicants 2-14 years of age living in countries with World Health Organization estimated TB incidence rates of ≥ 20 cases per 100,000 should have a TST or IGRA.
- c) Chest x-ray for ≥ 15 years of age (for South Asian refugees, the age is ≥ 2 years). Sputum smear for acid-fast bacilli, if the chest x-ray is suggestive of clinically active tuberculosis disease (ATBD).
- d) Serologic test for syphilis for ≥ 15 years of age. People with positive results are required to undergo treatment prior to departure for the U.S.; physical exam for evidence of other STDs. As of January 4, 2010, HIV testing is no longer required as HIV does not preclude admission.
- e) Physical exam for signs of Hansen's disease. Refugees with laboratory-confirmed Hansen's disease are placed on treatment for six months before they are eligible for travel to the U.S. Generally, treatment must be continued in the U.S.
- f) A determination regarding whether or not a refugee has a mental disorder. Physicians rely on a medical history provided by the patient and his/her relatives and any documentation such as medical and hospitalization records.

- g) Vaccinations that are age-appropriate and protect against a disease that has the potential to cause an outbreak or protect against a disease that has been eliminated in the U.S., or is in the process of being eliminated.

Departure of refugees with communicable diseases that preclude entry into the U.S. (e.g., syphilis, gonorrhea or Hansen's disease) may be delayed until appropriate treatment is initiated and the individual is no longer infectious. Based on the examination, an individual's medical status is assigned a classification. These classifications include:

- **Class A:** Conditions that prevent a refugee from entering the U.S. They include communicable diseases of public health significance, mental illnesses associated with violent behavior and/or drug addiction. Class A conditions require approved waivers for entry and immediate follow-up upon arrival. Examples of Class A conditions are:
 - Chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum and syphilis
 - TB: active and infectious
 - Hansen's disease (leprosy)
 - Mental illness with associated harmful behavior
 - Substance abuse
- **Class B:** Physical or mental abnormalities, diseases or disabilities of significant nature; require follow-up soon after arrival.
 - TB: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive tuberculin skin test (TST)
 - Hansen's disease, not infectious
 - Other significant physical disease, defect or disability
- **Class B TB**
 - Class B1 TB, Pulmonary
 - Class B1 TB, Extra pulmonary
 - Class B2 TB, LTBI Evaluation

The quality of the examination varies and depends on such factors as the site of the examination, the panel of physicians and how long the examination process has been in place at a given location. The examination is valid for one year for those examined in countries using the 1991 TB Technical Instructions as long as the applicant does not have a Class A or Class B TB condition. If any of

these conditions exist, the exam is valid for six months. For applicants screened in countries using the 2007 TB Technical Instructions, the exam is valid for six months if there is no Class A TB, Class B1 TB or HIV condition. If any of these conditions exist the examination is valid for three months.

(<http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>)

Health Screening

The first interaction that refugees have with the health care system in the U.S. begins with the refugee health screening. The Refugee Act of 1980 entitles each newly arriving refugee to a complete health screening exam within the first 30 days after arriving in the U.S. The purpose of the domestic screening is to “reduce the spread of infectious disease, ensure ailments are identified and treated, promote preventive health practices, and to ensure good health practices facilitate successful integration and self-sufficiency.”

(http://www.acf.hhs.gov/sites/default/files/orr/state_letter_12_09_revised_medical_screening_guidelines_for_newly.pdf)

The program works closely with various clinics to provide a comprehensive refugee health screening. RIC-AAU, CCS, and IRC are responsible for scheduling the screening appointment, arranging transportation and interpretation services, and ensuring each newly arrived refugee successfully completes the screening within 30 days and any required follow-up in a timely manner. Utah offers a comprehensive and holistic health screening (Appendix B); components of the screening include:

- a) Physical exam - addresses health concerns and conditions.
- b) Screening and testing - assess for sexually-transmitted diseases, parasites, deficiencies and chronic disease including:
 - HIV
 - Hepatitis B
 - Hepatitis C
 - Syphilis
 - Schistosomiasis
 - Strongyloides
 - Giardia
 - Anemia
 - Diabetes
 - Other intestinal parasites

- c) Immunizations - the CDC's Advisory Committee on Immunization Practices (ACIP) vaccination requirements do not apply to refugees at the time of their initial admission to the U.S.; however, refugees must meet the vaccination requirements when applying for adjustment of status or permanent resident status in the U.S. (one year or more after arrival). (<http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/vaccination-panel-technical-instructions.html>)
- d) Presumptive treatment - for parasites known to be common to specific regions from which refugees are arriving, specifically Schistosomiasis and Strongyloides (if no contradictions exist).
- e) TB screening-targeted testing for latent TB infection (LTBI) primarily using QuantiFERON®-TB Gold (QFT-G), which is an alternate testing method for the tuberculin skin test (TST) and offers increased specificity and sensitivity. TST may be used if QFT-G blood draw is unsuccessful or if the QFT-G is indeterminate. The TST is still used for children five years of age or younger. A chest x-ray is mandatory for those who screen positive for TST or QFT to rule out active TB.
- f) Mental health screening-the Refugee Health Screener 15 (RHS-15) is used to screen for depression, anxiety, PTSD, and overall distress in refugees 14 years of age and older. Screening for torture and violence is also strongly recommended.

Communicable disease and/or diseases of public health significance are reported to the local health department (LHD) and UDOH. If follow-up is required, the LHD will either coordinate with the resettlement agency or contact the refugee directly. Refugees found to have an infectious disease, including parasitic or worm infections, will receive the appropriate medication or a prescription for the medication.

Tuberculosis and Latent TB Infection

Class B TB

United States' immigration law requires an overseas medical examination of all immigrants and refugees for TB and requires a chest x-ray for applicants older than 15 years of age. Individuals with abnormal chest x-rays (CXRs) suggestive of clinically active TB (or who are otherwise suspected of having active TB) have sputum smear examinations to determine if they have infectious TB disease. Refugees identified with ATBD are started on treatment prior to departure for the U.S. Once the refugee is no longer contagious, resettlement can occur.

Class B TB conditions indicate the need for the refugee to follow-up upon arrival to the U.S. The UDOH TB Control Program considers individuals with Class B TB conditions to be at high risk for ATBD until an evaluation is complete. The LHD has 45 days to locate and evaluate Class B refugees.

TB Screening

Targeted testing for LTBI is a strategic component of TB control as it identifies people at high risk for developing TB disease who would benefit from treatment, if detected. Since newly arriving refugees are at high risk for developing active TB disease, treatment of LTBI is strongly recommended. The use of QFT-G was implemented by the program in 2006 and is the primary means of testing during the refugee health screening as it offers increased specificity and sensitivity.

LTBI Coordination

Reducing the likelihood of progression from latent TB to active TB is a main focus of the UDOH TB Control Program. The Salt Lake County Health Department (SLCoHD) provides services to control the spread of TB in the Salt Lake valley. In order to do so, SLCoHD focuses on three main components of TB control:

1. Identify and treat TB disease;
2. Identify, evaluate and treat the newly infected contacts of infectious TB cases; and,
3. Screen and treat high-risk populations for TB infection. Since refugees are considered a high-risk population, SLCoHD works closely with resettlement agencies to evaluate, educate and treat refugees identified with LTBI.

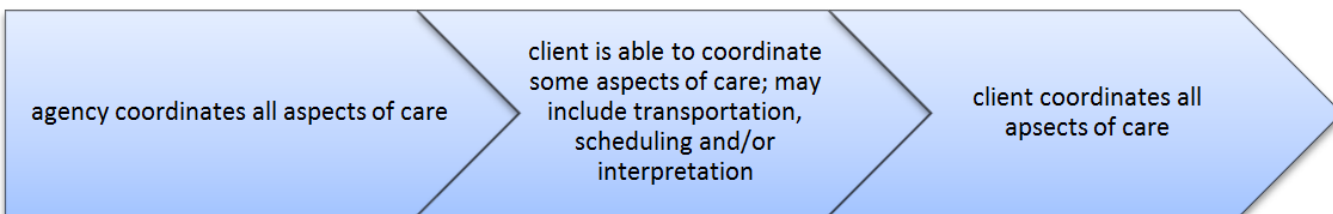
Care and Coordination

Results from the refugee health screening are shared with the program, which then ensures appropriate follow-up care and coordination is provided by the resettlement agencies. The expectation of the program is that each refugee will be assigned a Primary Care Provider (PCP) and receive timely follow-up care (within 30 days of completing the health screening). Resettlement agencies are strongly encouraged to establish care with the initial health screening provider, thus improving the continuity of care. Care and coordination is facilitated by the resettlement agencies, as needed, for primary care, specialty care, and other health-related services.

Program staff at the resettlement agencies work closely with both clients and medical providers to ensure that care is timely and appropriate. Both IRC and CCS emphasize self-sufficiency; clients are encouraged to take an active role in their health care and use their individual strengths to facilitate access to care.

Both CCS and IRC provide case management for the first two years; however the goal is that the majority of clients will reach health self-sufficiency at the conclusion of the first year. Starting in FY16 (October 2015) the majority of health-related services provided by CCS, IRC and RIC-AAU became limited to coordinating the initial health screening and subsequent follow-up; long-term coordination (>90 days post arrival) is no longer supported by UDOH funds.

Health Self-Sufficiency Spectrum



CCS Health Services Program

Mission: The Health Services Team of CCS' Refugee Resettlement and Immigration Program is committed to the physical and mental health of all clients as a tool of empowerment that promotes their full potential to become healthy and productive members of American society. Our goals are: 1) to meet immediate health needs of our clients through the completion of a health screening within 30 days of arrival, 2) to provide ongoing care coordination and the connection to appropriate primary and specialist care as required, 3) to regularly screen for mental health concerns and connect to service where appropriate, and 4) to provide a health education program that ultimately aims for the client's self-sufficiency in navigating the American health care system.

Services: Provide linguistically appropriate, culturally sensitive ongoing care coordination including transportation and interpretation services for our clients as required or requested. Conduct a comprehensive health education curriculum for all eligible clients and encourage their self-sufficiency and independence in accessing appropriate care. Connect clients to available health resources in the community. Conduct mental health screenings and connect to mental health services as appropriate.

Staff

- **Refugee Resettlement Director:** Aden Batar
- **Associate Director of Refugee Resettlement:** Randy Chappell
- **Health Services Supervisor:** Mariza Chacon
Coordinates, oversees, and manages the Health Services for the Refugee Resettlement Program, including the direct supervision of the Health Screening Coordinator, Interpreter Supervisor, Billing Specialist, Health Education Coordinator, Mental Health Coordinator, and Maternal & Child Health VISTA. Coordinates with government agencies and service providers in the community, including LHDs, clinics/hospitals, and other stakeholders. Manages flow of CCS interns and volunteers. Oversees ongoing care coordination and connection to health services for 600 newly arrived clients annually. Oversees record-keeping and billing aspects of Health Services such as case noting, case file maintenance, reporting, etc. Assists with case file audit and compliance.
- **Health Screening Coordinator:** Mariza Chacon
Maintains arrivals database and shares information as required by UDOH. Coordinates the initial health screenings with two different providers for all newly arrived refugees; ensures completion of screenings by following up with PPD's, indeterminate QFT's, chest x-ray

completion, etc. Assists with coordination of care following the health screening. Coordinates and manages all medical reportable conditions directly with UDOH. Manages all health screening records and documentation; helps case managers with the completion of files. Oversees Health Services Program Assistants. Oversees LTBI coordination, including scheduling interpretation and transportation for intakes and medication pick-ups, and ongoing communication and tracking in partnership with the public health nurses at the SLCoHD.

- **Health Education Coordinator:** Susan Dearden

Provides a health education curriculum to all eligible clients older than 18 years of age, focusing on navigating the U.S. health care system; implements and evaluates health education and orientation services through a series of lessons including in-office lesson plans that cover information such as insurance, primary care vs. urgent care vs. ER, and immunization, as well as community-based public transportation tours that provide further support in scheduling appointments, learning about prescriptions and over-the-counter medications, etc. Provides car seat education to all eligible clients. Oversees health education volunteers and interns. Plans and implements an annual health fair for more than 100 refugee clients and multiple vendors representing partners in the community.

- **Interpreter Supervisor:** Vacant

Oversees, manages, hires, trains, and supervises CCS' team of medical interpreters. Coordinates with external medical service providers, particularly HMO's, the University of Utah, and St. Mark's Hospital. Coordinates last-minute urgent care and emergency dental services for clients as necessary. Participates in coordination meetings and reaches out to potential new partners for interpreting contracts and services. Conducts monthly Bridging the Gap refreshers and an annual Bridging the Gap training for interpreters and other CCS staff.

- **Mental Health Coordinator:** Vacant

Coordinates, oversees and manages mental health services for the Refugee Resettlement program. Reviews the mental health assessments performed during the initial health screening; conducts RHS-15 assessment for clients 14 years of age and older in the third and sixth months after arrival. Refers clients to and schedules clients with the appropriate mental health provider. Educates and trains medical interpreters and other CCS staff about mental health services and trauma-informed care. Manages all record-keeping aspects of mental health services.

- Health Services Program Assistants:** Aweis Osman and Theo Ndayishimiye
 Assists medical services staff with care coordination, scheduling, medical interpretation, and transportation. Assists with tracking and coordination of referrals, follow-up appointments, and children's immunizations series. Assists Health Screening Coordinator with timely completion of health screenings. Assists Health Education Coordinator with interpretation and assistance for health education curriculum. Assists Mental Health Coordinator with RHS-15 screenings and intake appointments. Provides interpretation to other CCS programs as necessary.
- Maternal and Child Health VISTA:** Vacant
 Oversees care coordination for pregnant clients; connects all eligible new arrivals to Women, Infants and Children (WIC) services. Oversees cohort of interns and volunteers to ensure that WIC-eligible clients receive grocery store tours to learn how to use their vouchers effectively and public transportation orientations so they may continue to access services independently. Oversees Home Health Education volunteers; provides onboarding and training and assigns volunteers to a new family each month, tracks progress and incorporates feedback to further develop the program.
- Billing Specialist:** Melanie Walton
 Processes all billing aspects of health services at CCS in coordination with health plan providers, UDOH, and the CCS admin team. Assists with client medical bills and co-pays.

IRC Health Program

Mission: IRC-SLC Health Program is dedicated to increasing health access and improving health outcomes among refugees in Salt Lake County.

Services and Staff

- Acting Executive Director:** Natalie El-Deiry
 The executive director is responsible for the local oversight of staff, programming and services for IRC Salt Lake City. The executive director represents the IRC at the local level, building and maintaining relationships within the community and serving as a resource about the IRC and the U.S. refugee program to the general community. The executive director is responsible for overseeing programs and implementation of services, ensuring compliance of

services within grants and contracts, and overseeing the effective delivery of services. The executive director develops positive relationships with donors and the community to secure funding for local programs, writes grants, and is responsible for local reporting.

- **Health Program Manager:** Pamela Silberman

The health program manager is responsible for the day to day management of all health and wellness programming and ensuring services support the IRC mission and goals of the Salt Lake City office. The position dedicates a significant portion of time to staff supervision, program development, and community outreach and involvement.

- **Health Access Coordinator:** Hannah Parrish

The health access program coordinator is responsible for facilitating health access for newly resettled refugees from pre-arrival up to eight months. The program coordinator also oversees the latent tuberculosis infection (LTBI) program ensuring that newly-arrived refugees are screened for TB, receive education and access to medication when they screen positive for LTBI.

- **Mental Health Coordinator:** Jennica Henderson

The mental health program coordinator is responsible for all mental health-related efforts for newly arrived refugees resettled by IRC-SLC including implementing mental health screening and referral for newly resettled refugees, coordinating intakes and follow-ups, facilitating staffing meetings with mental health providers and acting as the primary reference point within the IRC office for mental health related activities and concerns. This effort will center on the implementation of the Refugee Health Screener-15 (RHS-15). Additionally, the program coordinator oversees training for resettlement staff and outreach presentations to the refugee community on refugee mental health.

- **Maternal and Child Health Coordinator:** Jenny Hart

The Maternal & Child Health (MCH) program coordinator is responsible for implementing culturally-appropriate interventions to improve health outcomes for refugee mothers and children. This includes the coordination of pre-natal and post-partum care and education for groups and individuals; coordination of enrollment and orientation for the WIC program and services; and tracking immunizations for all school-aged children. The MCH program coordinator serves as IRC SLC's certified car seat technician distributing car seats and conducting education on the proper use to eligible families. Additionally, the MCH

coordinator oversees the Bridge to Safety program, which screens all refugee women ages 18 years of age and over for gender-based and intimate partner violence, and makes appropriate referrals.

- **Health Promotion Coordinator:** Farah Al-Hamdani

The health promotion program coordinator oversees all refugee health education initiatives including navigating the health care system workshops, tobacco cessation and prevention projects, nutrition and community health promotion programs, and health team community outreach efforts.

- **Health Access Assistant:** Azrah Binti Sikandar

The health access program assistant helps the health access program coordinator facilitate health access for newly resettled refugees from pre-arrival up to eight months

- **Health Program Assistant:** Maha El-Mashni

The health program assistant is responsible for facilitating health access for newly resettled refugees by scheduling appointments, assisting with the coordination of interpreters and transportation.

- **Women's Health VISTA:** Veronica Lee

Under the direction of the Maternal & Child Health program coordinator, the Women's Health AmeriCorps VISTA will support the health programs' efforts to address the reproductive health needs of newly arrived refugee women.

- **Health Outreach VISTA:** Macy Westbrook

Under the direction of the Health Promotion Coordinator, the Health Outreach VISTA member works to improve access of health care services for refugees, as well as improve provision of culturally competent care to refugees by community health providers through trainings, school presentations, outreach materials, and recruitment of volunteers. The VISTA member also coordinates dental and vision screening clinics with community partners, and recruits and trains health mentors to be matched with refugees needing support navigating their health care needs.

RIC-AAU Medical Interpreting and Translation Services Program

Mission: Improve the quality of life of refugees and other immigrants. Provide culturally-sensitive and language-specific social services that include education, employment services, advocacy, mental health treatment, domestic violence counseling, substance abuse treatment for adults and youth, parenting classes, English classes, after-school tutoring and activities, and case management.

Services: Provides care and coordination for clients accessing case management services. Also, provides mental health treatment including therapy for trauma and torture, domestic violence counseling, and substance abuse treatment for adults and youth. Additionally, provides medical, educational, occupational, and court interpretive and/or translation services.

Staff

- **Director of Community Wellness:** Andy Tran
- **Case Management Services:** Justin Williams
- **Director of Youth & Family Services:** Peter Frost
- **Interpreting Program Supervisor:** Tung Tun

Mental Health

The RHS-15 is used to assess the mental health needs of newly arrived refugees. The RHS-15 (Appendix C) was designed as a simple tool that can be used during the initial health screening and/or in the primary care setting. The 15 questions address symptoms associated with depression, anxiety, trauma, and overall well-being; the tool has been translated and validated in a number of refugee languages. Refugees scoring ≥ 12 on questions one through fourteen or ≥ 5 on the distress thermometer are identified as someone who may benefit from mental health services. An official referral is made for those individuals willing to accept mental health services. Referrals are coordinated through the Utah Refugee Health Program. The refugee health specialist will notify the resettlement agency and mental health service provider of the referral, providing as much information as possible from the health screening. The mental health provider and resettlement agency then coordinate an intake date and time, transportation and interpretation, as needed.

Clients identified during the refugee health screening as requiring follow-up mental health care are referred to the appropriate agency. Currently, there are two primary agencies providing mental

health services to the refugee community, Utah Health and Human Rights and Refugee & Immigrant Center at Asian Association of Utah.

Utah Health and Human Rights	Refugee & Immigrant Center at Asian Association of Utah
<p>Utah Health and Human Rights (UHHR) is a nonprofit organization that provides highly specialized and culturally competent mental health, medical, psychiatric, case management, and legal services to men, women, and children who have endured severe human rights abuses. UHHR helps refugees, immigrants, asylum seekers, and asylees heal from the physical and psychological impacts of torture and rebuild their lives. Evidence-based and holistic services promote health, dignity, and self-sufficiency and are guided by profound respect for the dignity and resiliency of clients.</p> <p>UHHR is a member of the National Consortium of Torture Treatment Programs.</p>	<p>The Refugee and Immigrant Center at Asian Association of Utah (AAU-RIC) provides comprehensive outpatient services including, but not limited to, mental health counseling, medication management, family counseling, and domestic violence and substance abuse treatment. AAU-RIC strives to improve the quality of life for refugees and immigrants. AAU-RIC is an interdisciplinary team of culturally competent professionals that include an Advance Practice Registered Nurse (APRN), psychologist, family services coordinators, licensed clinical social workers, clinical social workers, and case managers who all have experience working with refugee and immigrant populations.</p>
<p>Services include:</p> <p>Mental health services to refugees, immigrants, asylees, and asylum seekers who have survived severe human rights abuses.</p> <p>Interpretive services.</p> <p>Training and consultation to community members and professionals statewide.</p>	<p>Services include:</p> <p>Mental health services to refugees and immigrants in Salt Lake County.</p> <p>Interpretive services.</p>

All follow-up services are coordinated by the resettlement agency and service provider. Currently both IRC and CCS employ mental health coordinators who have the responsibility of coordinating all initial mental health referrals and follow-up appointments, while serving as a liaison between the resettlement agency and service providers. Additionally, both agencies administer the RHS-15 at specific intervals during the resettlement process to specific groups of refugees, with the hope of identifying refugees in need of mental health services earlier in the resettlement process.

Refugee Dental Program

Pregnant women, children, and adults meeting the criteria for emergency dental will be able to access dental treatment through Medicaid. For questions regarding Medicaid covered dental

services, please contact Medicaid Customer Service at 1-801-538-6155 or visit the Medicaid website: <http://www.health.utah.gov/medicaid/>.

Language Access

Title VI

The UDOH Office of Health Disparities has a number of resources to assist in understanding and implementing the National Culturally and Linguistically Appropriate Services Standards; also known as CLAS Standards that may be accessed through this link:

(<http://www.health.utah.gov/disparities/class-standards.html>)

Bridging the Gap Medical Interpreter Training

Effective communication between newly arriving refugees and their health care providers is heavily dependent upon interpretation services, along with increased cultural competence among Utah health service providers. RIC-AAU and IHC have licenses to provide the training to interpreters not employed or affiliated to their respective organization. These trainings may require interpreters to pay the cost of their training. It is also anticipated that the UDOH Bureau of Health Promotion will begin offering trainings in the near future, but dates and details are not yet available. For more information regarding Bridging the Gap training, please see Cross Cultural Health Care Program's (CCHCP) website: <http://xculture.org/>.

Additional Resources

The following is a short list of resources available in the area of medical interpreting/translating:

- The National Council on Interpreting in Health Care (NCIHC) publishes the National Standards of Practice for Interpreters in Health Care. This document provides a detailed explanation of the background of the code of ethics, as well as a full description of each guiding principle.
- National Standards on Culturally and Linguistically Appropriate Services (CLAS). The CLAS standards are recommendations for cultural competence and language accessibility for health care organizations made by the U.S. Department of Health and Human Services, Office of Minority Health.
- Utah Medicaid, Primary Care Network (PCN) and Children's Health Insurance Program (CHIP) interpretive (translation) services during a medical appointment are free for Medicaid

clients. For people enrolled in a health maintenance organization (HMO), the HMO is responsible for providing the interpreter; for clients who are not enrolled in an HMO, Utah Medicaid pays for the interpreter. The provider is responsible for arranging for an interpreter. When the provider calls, the agency needs to know the client's Medicaid identification number, the language needed and the date, time and place of the medical appointment. The interpreter may either meet the client at the doctor's office for the appointment or use a telephone conference call. The free translation service is available statewide and also for after-hour care.

- *Telephone Interpreting in Health Care Settings: Some Commonly Asked Questions*. This article, published by the American Translators Association, explains when and where to use telephone interpretation. (https://www.atanet.org/chronicle/feature_article_june2007.php)
- Telephone Interpretation Companies:
 - Language Line Services, 1-800-752-6096
 - Propio Language Services, LLC, 1-888-804-2044
 - Institute for Cultural Competency, 1-800-654-6231
 - Pentskiff Interpreting Services, 1-801-484-4089

Health Promotion

Office of Refugee Resettlement (ORR) Refugee Health Promotion Grant

The program was recently awarded ORR's Refugee Health Promotion Grant. The purpose of the grant is to support health and emotional wellness among refugees by building capacity to address identified health needs within refugee communities and reduce barriers to achieving wellness.

Several activities are provided through contracts with CCS and IRC including:

- The continued provision of the Navigating the Health Care System workshop series that was developed and taught in the previous grant cycle (2014-2017). The curriculum consists of three classes that are intended to promote health literacy, through contracts with CCS and IRC. Both agencies have been providing these classes which promote health literacy in order to initiate newly-arrived refugees on the path to self-sufficiency. Topics covered include specifics on how to navigate the U.S. health care system, including how to schedule a doctor's appointment, how to fill a prescription, when to use emergency, urgent, or primary, care and more.

- Quarterly health workshops that will focus on specific health topics and/or populations. The workshops will provide hands-on, interactive trainings intended to improve health literacy, wellness, and disease management skills.
- Interpretation for both of the activities mentioned above.

Resources

Utah Department of Health: Refugee Health Program

288 N 1460 W

PO Box 142104 SLC UT 84114

Phone: 801-538-6191

Fax: 801-538-9913

Website: <http://health.utah.gov/epi/healthypeople/refugee/>

Catholic Community Services (CCS)

745 E 300 S SLC UT 84102

Phone: 801-977-9119

Fax: 801-977-8227

Website: <http://www.ccsutah.org/programs/refugees/refugee-resettlement>

International Rescue Committee (IRC)

221 S 400 W

PO Box 3988 SLC UT 84110

Phone: 801-328-1091

Fax: 801-328-1094

Website: <http://www.rescue.org/us-program/us-salt-lake-city-ut>

Refugee & Immigrant Center: Asian Association of Utah (RIC-AAU)

155 S 300 W SLC UT 84101

Phone: 801-467-6060

Fax: 801-486-3007

Website: <http://www.aau-slc.org/>

Utah Refugee Service Office

140 E 300 S, SLC UT

Phone: 801-526-9483

Website: www.refugee.utah.gov

Salt Lake County Health Department

Phone: 385-468-4100

Website: <http://slco.org/health/>

Office of Refugee Resettlement (ORR)

<http://www.acf.hhs.gov/programs/orr/>

CDC Immigrant & Refugee Health

<http://www.cdc.gov/immigrantrefugeehealth/>

CDC Division of Global Migration and Quarantine

<http://www.cdc.gov/ncezid/dgmq/>

CDC: General Recommendations on Immunizations

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>

CDC: Guidelines for Using the QuantiFERON-TB Gold

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a4.htm>

United Nations High Commissioners for Refugees (UNHCR)

<http://www.unhcr.org>

International Organization for Migration

www.iom.int

Health Reach

<http://healthreach.nlm.nih.gov/>

EthnoMed

www.ethnomed.org

Cultural Orientation Resource Exchange

<http://coresourceexchange.org/>

Refugee Council USA

www.rcusa.org

National Partnership for Community Training (Mental Health TA)

<https://gulfcoastjewishfamilyandcommunityservices.org/refugee/refugee-programs/national-partnership-for-community-training/>

National Council on Interpreting in Health Care

<http://www.ncihc.org/>

Minnesota Department of Health: Refugee Health

<http://www.health.state.mn.us/divs/idepc/refugee/>

Office for Civil Rights

<http://www.hhs.gov/ocr/office/index.html>

U.S. Committee for Refugees and Immigrants (USCRI)

www.refugees.org

Cross Cultural Health Care Program

<http://xculture.org/>

Healthy Roads Media

www.healthyroadsmedia.org

Department of State: Refugee Admissions

<http://www.state.gov/j/prm/ra/index.htm>

North American Refugee Health Conference

<http://www.northamericanrefugeehealth.com/>

Heartland Alliance: Rainbow Welcome Initiative

<http://www.rainbowwelcome.org/>

APPENDIX A

OVERSEAS MEDICAL FORM





U. S. Department of State

**REPORT OF MEDICAL EXAMINATION
BY PANEL PHYSICIAN**OMB No. 1405-0113
EXPIRATION DATE: 10/31/2020
ESTIMATED BURDEN: 10 minutes
(See Page 2 - Back of Form)**Photo**

Surnames		Given Names		Birth Date (mm-dd-yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
U.S. Consulate/Embassy		Document Type	Document Number	Case or Alien Number	
Birthplace (City, Country)		Present Country of Residence		Prior Country of Residence	
Present Address of Residence		Present City of Residence		Present Postal Code of Residence	
Intended US Address		Intended US City		Intended US State	
Intended US Postal Code		E-mail Address			
Date of Medical Exam (Date of physical exam or date of final TB culture results, if cultures performed) (mm-dd-yyyy)					
Date Exam Expires (3 months if Class A TB, or Class B1 TB, otherwise 6 months) (mm-dd-yyyy)					
Exam Place of Current Exam (City, Country)			Date of Prior Exam, if any (mm-dd-yyyy)		
Panel Physician Performing Exam		Panel Site		Radiology Facility	
Sputum Smear Laboratory		Sputum Culture Laboratory		Syphilis Laboratory	
Drug Susceptibility Test Laboratory		TB DOT Facility		Gonorrhea Laboratory	
Applicant Category (Mark One)	Immigrant Visa <input type="checkbox"/> Immigrant <input type="checkbox"/> Special Immigrant (SIV) <input type="checkbox"/> Diversity <input type="checkbox"/> Adoptee	Refugee <input type="checkbox"/> Refugee <input type="checkbox"/> Follow to join refugee (Visa 93)	Asylee <input type="checkbox"/> Follow to join asylee (Visa 92)	Non-Immigrant Visa (NIV) <input type="checkbox"/> K-Visa <input type="checkbox"/> Other NIV _____	Parolee <input type="checkbox"/> Parolee
1. Classification (Check all boxes that apply)					
<input type="checkbox"/> No apparent defect, disease, or disability (See Worksheets DS-3025, DS-3026, DS-3030)					
<input type="checkbox"/> Class A Conditions (See Worksheets DS-3025, DS-3026, DS-3030)					
<input type="checkbox"/> Tuberculosis disease (1A1)					
<input type="checkbox"/> Syphilis, untreated (1A1)					
<input type="checkbox"/> Gonorrhea, untreated (1A1)					
<input type="checkbox"/> Hansen's Disease, untreated multibacillary or paucibacillary (1A1)					
<input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) with harmful behavior or history of such behavior likely to recur (1A3)					
<input type="checkbox"/> Addiction or abuse of specific substance on the Controlled Substances Act (1A4)					
<input type="checkbox"/> Immigrant visa applicant refuses vaccinations (1A2)					
<input type="checkbox"/> Class B Conditions (See Worksheets DS-3025, DS-3026, DS-3030)					
Tuberculosis					
<input type="checkbox"/> B1 TB, Pulmonary					
<input type="checkbox"/> B1 TB, Extrapulmonary					
<input type="checkbox"/> B2 TB, LTBI Evaluation					
<input type="checkbox"/> B3 TB, Contact Evaluation					
<input type="checkbox"/> Syphilis, treated within last year					
<input type="checkbox"/> Gonorrhea, treated within last year					
Hansen's Disease					
<input type="checkbox"/> Multibacillary, treated					
<input type="checkbox"/> Paucibacillary, treated					
<input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur					
<input type="checkbox"/> Sustained, full remission of addiction or abuse of specific substance on the CSA					

☐ **Class B Other** (Specify or give details from worksheets)

2. Vaccination Documentation (See DS-3025, mark one)

- | | |
|---|--|
| <input type="checkbox"/> Immigrant Visa or Parolee applicant completed vaccination requirements | <input type="checkbox"/> Immigrant Visa applicant refuses vaccination (Class A) |
| <input type="checkbox"/> K Visa applicant voluntarily completed vaccination requirements | <input type="checkbox"/> Immigrant Visa applicant requested Adoptee Exemption |
| | <input type="checkbox"/> Immigrant Visa applicant requests Individual Waiver based on religious or moral convictions |
| | <input type="checkbox"/> Refugee or follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements |
| | <input type="checkbox"/> K-Visa applicant electing to not be vaccinated at this examination |
| | <input type="checkbox"/> Other NIV applicant not required to meet vaccination requirements |

3. Panel Physician

I attest that I performed this examination, have reviewed all test results, and that the medical classification is correct in accordance with the Centers for Disease Control and Prevention's Technical Instructions for panel physicians. I further attest that I have a current panel physician agreement with the Department of State. I further attest that I provided the applicant the "applicant consent statement" and that the applicant read, understands, and has agreed to its contents.

Panel Physician Signature

Date (mm-dd-yyyy)

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS


PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov

CONFIDENTIALITY STATEMENT

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. The U.S. Department of State uses the information provided on this form to determine an individual's eligibility for a U.S. visa. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws. Although furnishing this information is voluntary, individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. visa or experience processing delays.

Photo



U.S. Department of State

VACCINATION DOCUMENTATION WORKSHEET

To Be Completed by Panel Physician Only

For US Vaccination Requirements

OMB No. 1405-0113

EXPIRATION DATE: 10/31/2020

ESTIMATED BURDEN: 20 minutes

(See Page 2 of 2)

GIVE COPY TO APPLICANT

Surnames	Given Names	Birth Date (mm-dd-yyyy)	Exam Date (mm-dd-yyyy)	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate.
Document Type	Document Number	Case or Alien Number		

1. Vaccination Record

Vaccine History Transferred From a Written Record

List Chronologically from Left to Right. Provide date as mm-dd-yyyy

Vaccine	Date	Date	Date	Date	Date	Date	Date	Date	Indicate reason below. Mark all that apply (see legend): A, B, C, D, F, H
Diphtheria, tetanus, pertussis									
<input type="checkbox"/> DTP, DTaP									
<input type="checkbox"/> DT									
<input type="checkbox"/> Td									
<input type="checkbox"/> Tdap									
Polio									
<input type="checkbox"/> OPV									
<input type="checkbox"/> IPV									
Measles, mumps, rubella									
<input type="checkbox"/> MMR									
<input type="checkbox"/> Measles									
<input type="checkbox"/> Mumps									
<input type="checkbox"/> Rubella									
Rotavirus									
<input type="checkbox"/> RotaTeq (RV5)									
<input type="checkbox"/> Rotarix (RV1)									
Hib									
Hepatitis A									
Hepatitis B									
Meningococcal									
<input type="checkbox"/> MCV4									
<input type="checkbox"/> Other MCV conjugate									
Varicella									
<input type="checkbox"/> Vaccine <input type="checkbox"/> Varicella History									
Pneumococcal									
<input type="checkbox"/> PCV 7									
<input type="checkbox"/> PCV 10									
<input type="checkbox"/> PCV 13									
<input type="checkbox"/> PPSV 23									
Influenza									
Other									

2. Vaccination Documentation

(Mark one)

☐ Immigrant Visa or Parolee applicant completed vaccination requirements
☐ K Visa applicant voluntarily completed vaccination requirements
☐ Immigrant Visa applicant refuses vaccination (Class A)
☐ Immigrant Visa applicant requested Adoptee Exemption
☐ Immigrant Visa applicant requests Individual Waiver based on religious or moral convictions
☐ Refugee or follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements
☐ K Visa applicant electing not to be vaccinated at this examination
☐ Other NIV applicant not required to meet vaccination requirements

3. Panel Physician Name (printed)

I attest I performed this examination or supervised completion of this form and have an agreement with the Department of State.

Panel Physician signature

Date (mm-dd-yyyy)

* Only for designated refugees enrolled in the Vaccination Program for U.S.-bound Refugees

☐ Refugee declines to receive vaccinations

Blanket waiver legend:

A Not age appropriate B Insufficient time interval to complete series C Contraindicated D Not routinely available F Flu vaccine not available H Known chronic hepatitis B virus infection

DS-3025

05-2017

Please complete Page 2

Page 1 of 2

4. Contraindications to vaccination

If a vaccination was contraindicated, mark which contraindications were present (mark all that apply)

- ☐ Current pregnancy
- ☐ Immune compromised
- ☐ History of severe allergic reaction to vaccine or vaccine component
- ☐ Other severe reaction to vaccine
- ☐ Current moderate to severe illness
- ☐ Other, specify: _____

5. Remarks

6. Panel Physician Initials**Date (mm-dd-yyyy)****PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS****PAPERWORK REDUCTION ACT STATEMENT**

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov

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**MEDICAL HISTORY AND
PHYSICAL EXAMINATION WORKSHEET**OMB No. 1405-0113
EXPIRATION DATE: 10/31/2020
ESTIMATED BURDEN: 15 minutes
(See Page 2 - Back of Form)

Photo

Surnames		Given Names		Exam Date (mm-dd-yyyy)
Birth Date (mm-dd-yyyy)	Document Type	Document Number		Case or Alien Number

1. Medical History (*Past or present*)

No	Yes		No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Applicant appears to be providing unreliable or false information, specify in remarks	<input type="checkbox"/>	<input type="checkbox"/>	Obstetrics
					Pregnancy, current Estimated delivery date (mm-dd-yyyy) _____ LMP _____
<input type="checkbox"/>	<input type="checkbox"/>	General Illness or injury requiring hospitalization (<i>including psychiatric</i>)	<input type="checkbox"/>	<input type="checkbox"/>	Previous live births, number: _____ Birth dates of live births (mm-dd-yyyy) _____
<input type="checkbox"/>	<input type="checkbox"/>	Cardiology			Sexually Transmitted Diseases
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension			Previous treatment for sexually transmitted diseases, specify date (mm-yyyy) and treatment:
<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure or coronary artery disease			Syphilis _____
<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmia			Gonorrhea _____
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic heart disease			
<input type="checkbox"/>	<input type="checkbox"/>	Congenital heart disease			Endocrinology
					Diabetes _____
<input type="checkbox"/>	<input type="checkbox"/>	Pulmonology	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco use: <input type="checkbox"/> Current <input type="checkbox"/> Former			Hematologic/Lymphatic
<input type="checkbox"/>	<input type="checkbox"/>	Asthma			Anemia _____
<input type="checkbox"/>	<input type="checkbox"/>	Chronic obstructive pulmonary disease			Sickle Cell Disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis history: Diagnosed (mm-yyyy) _____ Treatment Completed (mm-yyyy) _____	<input type="checkbox"/>	<input type="checkbox"/>	Thalassemia _____
<input type="checkbox"/>	<input type="checkbox"/>	Fever			Other hemoglobinopathy _____
<input type="checkbox"/>	<input type="checkbox"/>	Cough			Other
<input type="checkbox"/>	<input type="checkbox"/>	Night sweats			An abnormal or reactive HIV blood test Diagnosed (mm-yyyy) _____
<input type="checkbox"/>	<input type="checkbox"/>	Weight loss			Malignancy, specify: _____
					Kidney or Bladder disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatry			Chronic liver disease (<i>including hepatitis B or C</i>) _____
<input type="checkbox"/>	<input type="checkbox"/>	Psychological/Psychiatric Disorder (including major depression, bipolar disorder, or schizophrenia)			Previous treatment for Hansen's Disease Treatment Completed (mm-yyyy) _____
<input type="checkbox"/>	<input type="checkbox"/>	Major impairment in learning, intelligence, self-care, memory, or communication			Other medical conditions requiring treatment, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Use of substances other than those required for medical reasons			
<input type="checkbox"/>	<input type="checkbox"/>	Substance use or substance induced disorders of substances on the Controlled Substances Act (CSA)			
<input type="checkbox"/>	<input type="checkbox"/>	Substance use or substance induced disorders of substances not on the CSA (including alcohol)			
<input type="checkbox"/>	<input type="checkbox"/>	Ever caused serious injury to others, caused major property damage or had trouble with the law because of medical condition, mental disorder, or influence of alcohol or drugs			
<input type="checkbox"/>	<input type="checkbox"/>	Ever had thoughts of harming yourself			
<input type="checkbox"/>	<input type="checkbox"/>	Ever acted on those thoughts			
<input type="checkbox"/>	<input type="checkbox"/>	Ever had thoughts of harming others			
<input type="checkbox"/>	<input type="checkbox"/>	Ever acted on those thoughts			
			<input type="checkbox"/>	<input type="checkbox"/>	Disabilities (<i>including loss of arms or legs</i>), specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Neurology			
<input type="checkbox"/>	<input type="checkbox"/>	History of stroke			
<input type="checkbox"/>	<input type="checkbox"/>	Seizure disorder			

2. Current Medications (*List all current medications*)

3. Previous Surgeries (*List all previous surgeries*)

4. Vital Signs and Vision				
Height _____ cm	BP _____ / _____	Temperature _____ °C	Visual acuity at 6 meters:	
Weight _____ kg	Pulse _____ / min		Uncorrected L 6/ _____ R 6/ _____	
BMI _____ kg/m ²		Respiratory Rate _____ / min	Corrected L 6/ _____ R 6/ _____	

5. Physical Examination (include all findings and give details in Remarks)

N, normal; A, abnormal

N	A		N	A	
<input type="checkbox"/>	<input type="checkbox"/>	General appearance	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal system (including gait)
<input type="checkbox"/>	<input type="checkbox"/>	Nutritional status (including acute wasting and or chronic stunting malnutrition)	<input type="checkbox"/>	<input type="checkbox"/>	Extremities (including pulses, edema)
<input type="checkbox"/>	<input type="checkbox"/>	Hearing and ears	<input type="checkbox"/>	<input type="checkbox"/>	Skin
<input type="checkbox"/>	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Hematologic
<input type="checkbox"/>	<input type="checkbox"/>	Nose, mouth, and throat (include dental)	<input type="checkbox"/>	<input type="checkbox"/>	Nervous system: Sequelae of stroke or cerebral palsy, other neurologic disabilities
<input type="checkbox"/>	<input type="checkbox"/>	Heart (S1, S2, murmur, rub)	<input type="checkbox"/>	<input type="checkbox"/>	Mental status (including mood, intelligence, perception, thought processes, and behavior during examination)
<input type="checkbox"/>	<input type="checkbox"/>	Lungs			
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen (including liver, spleen)			
<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes			
Fundal height (if applicable): _____					

6. Mental Health Specialist

- ☐ Referral made to mental health specialist. If so, attach report.
- ☐ Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) ☐ Class A, with harmful behavior, list disorder(s) _____ ☐ Class B, without harmful behavior, list disorder(s) _____
- ☐ Addiction or abuse of a specific substance on the Controlled Substances Act
- ☐ Class A, list substance(s) _____ ☐ Class B, in remission, list substance(s) _____

7. Syphilis Laboratory Results and Treatment

☐ Laboratory testing not done

	Test Name	Date specimen reported (mm-dd-yyyy)	Reactive	Non-reactive	Titer
Screening					
Confirmatory					
Treated	If treated, therapy:		Date(s) treatment given (mm-dd-yyyy)		
<input type="checkbox"/> Yes	<input type="checkbox"/> Benzathine penicillin, 2.4 MU IM				
<input type="checkbox"/> No	<input type="checkbox"/> Other (therapy, dose): _____				
Treated by panel physician: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Stage of syphilis (mark one):					
	<input type="checkbox"/> Primary <input type="checkbox"/> Tertiary <input type="checkbox"/> Secondary <input type="checkbox"/> Neurosyphilis <input type="checkbox"/> Early latent <input type="checkbox"/> Congenital <input type="checkbox"/> Late latent or latent of unknown duration				

8. Gonorrhea Laboratory Results and Treatment

☐ Laboratory testing not done

	Test Name	Date specimen reported (mm-dd-yyyy)	Positive	Negative
Screening				
Drug	Dosage	Start Date (mm-dd-yyyy)	End Date (mm-dd-yyyy)	

9. Diagnosis and Treatment for Hansen's Disease

Complete this section only if the applicant was diagnosed by the panel physician or was on Hansen's Disease treatment at the time of presentation for their medical examination

Type of Hansen's Disease

Treatment

☐ Multibacillary

☐ Partial (≥ 7 days)

☐ Paucibacillary

☐ Completed

Treated by panel physician

☐ Yes

☐ No

If not treated by panel physician, was referral made by panel physician to another provider for treatment:

☐ Yes. Provide facility name: _____

☐ No

Diagnosis

☐ Initial diagnosis made by panel physician

☐ Initial diagnosis made by non-panel physician before medical evaluation by panel physician

If so, year of diagnosis: _____

10. Remarks

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

PAPERWORK REDUCTION ACT STATEMENT

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**TUBERCULOSIS WORKSHEET****Photo**

Surnames

Given Names

Age

Birth Date (mm-dd-yyyy)

Document Type

Document Number

Case or Alien Number

1. Test for Cell-Mediated Immunity to Tuberculosis

See Tuberculosis Technical Instructions, when required, perform one type only.

☐ TST Date applied (mm-dd-yyyy) _____

Results (mm) _____

☐ IGRA Date drawn (mm-dd-yyyy) _____☐ Positive☐ Negative☐ Indeterminate, Borderline, or Equivocal

If IGRA performed, mark which test:

☐ Quantiferon☐ T-Spot**2. Chest X-Ray Indication (Mark all that apply)**☐ Chest X-Ray not indicated☐ Known HIV infection☐ History of Tuberculosis☐ Age \geq 15 years☐ TST \geq 10 mm or IGRA positive☐ Signs or symptoms of tuberculosis☐ TB Case Contact: TST \geq 5 mm or IGRA positiveDate Chest X-Ray Taken
(mm-dd-yyyy)**3. Chest X-Ray Findings (for radiologist to complete)**☐ Normal Findings☐ Abnormal Findings (Indicate category and finding, marking all that apply in the tables below)**Suggests Tuberculosis (Need Smears and Cultures)**☐ Infiltrate or consolidation☐ Miliary findings☐ Reticular markings suggestive of fibrosis☐ Discrete linear opacity☐ Cavitory lesion☐ Discrete nodule(s) without calcification☐ Nodule(s) or mass with poorly defined margins (such as tuberculoma)☐ Volume loss or retraction☐ Pleural effusion☐ Irregular thick pleural reaction☐ Hilar/mediastinal adenopathy☐ Other**Does Not Need Smears and Cultures****Mark as Class B
Other on DS-2054**☐ Cardiac☐ Musculoskeletal☐ Other, specify in
Remarks**Do Not Mark as Class B
Other on DS-2054**☐ Smooth pleural thickening (if at CPA,
must confirm is not effusion [do lateral
or decubitus radiograph or ultrasound])☐ Diaphragmatic tenting☐ Single or scattered calcified pulmonary
nodule(s)☐ Calcified lymph node(s)

Radiologist's Remarks

Radiologist's Name (Printed)

Radiologist's Signature (Required)

Date Interpreted (mm-dd-yyyy)

4. Sputum Smears and Cultures Decisions☐ No, not indicated -Applicant has no signs or symptoms of TB, no known HIV infection, and:☐ X-ray Normal or 'No specimens required' and test for cell-mediated immunity to TB negative (if performed)☐ X-ray Normal or 'No specimens required' and test for cell-mediated immunity to TB positive (if performed)☐ Yes, are indicated - Applicant has (Mark all that apply):☐ Signs or symptoms of TB☐ Chest X-ray suggests TB☐ Known HIV infection☐ End of treatment cultures**5. Sputum Smears and Cultures Results**

Sputum Smear Results	Date specimen obtained (mm-dd-yyyy)	Date specimen reported (mm-dd-yyyy)	Positive	Negative
	1.			
	2.			
	3.			

Sputum Culture Results	Date specimen obtained (mm-dd-yyyy)	Date specimen reported (mm-dd-yyyy) *Use as date of exam on DS-2054	Positive	Negative	NTM	Contaminated
	1.					
	2.					
	3.					

6. Tuberculosis Classification

Applicants may have more than one TB Classification. However, they cannot be classified as both Class B1 TB and Class B2 TB. In addition, applicants cannot be classified as Class B3 TB, Contact Evaluation if they are Class A or Class B1 TB, Extrapulmonary.

- ☐ **No TB Classification**
CXR not suggestive of tuberculosis, no tuberculosis signs or symptoms, no known HIV infection, TST or IGRA negative (*if performed*), not a contact
- ☐ **Class A**
Applicant has tuberculosis disease
- ☐ **Class B1 TB, Pulmonary**
CXR suggests tuberculosis, or tuberculosis signs and symptoms, or known HIV infection and sputum smears and cultures are negative and not a clinically diagnosed case.
- ☐ **Class B1 TB, Extrapulmonary**
Applicants with evidence of extrapulmonary tuberculosis. The anatomic site of infection should be documented.

Anatomic Site of Disease _____

- ☐ No treatment
☐ Current treatment
☐ Completed treatment
☐ Started but did not finish extrapulmonary treatment

- ☐ **Class B2 TB, LTBI Evaluation**
Applicants who have a tuberculin skin test ≥ 10 mm or positive IGRA but otherwise have a negative evaluation for tuberculosis. Contacts with TST ≥ 5 mm or positive IGRA should receive this classification (if they are not already Class B1 TB, Pulmonary).

- ☐ No LTBI treatment
☐ Current LTBI treatment
☐ Completed LTBI treatment
☐ Started but did not finish LTBI treatment

If treated, LTBI treatment:

- ☐ LTBI treatment by panel physician
☐ LTBI treatment by non-panel physician

Dates of treatment _____ to _____

If treated, mark LTBI regimen:

- ☐ Isoniazid
☐ Rifampin
☐ 3HP
☐ Other _____

- ☐ **Class B3 TB, Contact Evaluation**
Applicants who are a recent contact of a known tuberculosis case.

- ☐ No preventive treatment
☐ Window Prophylaxis

☐ Isoniazid ☐ Rifampin ☐ 3HP ☐ Other _____ Dates of treatment _____ to _____

Source Case:

Name _____

Case or Alien Number, if known _____

Relationship to Contact _____

Date Contact Ended (*mm-dd-yyyy*) _____

Type of Source Case TB (*Mark only one and attach DST results*)

- ☐ Pansusceptible TB
☐ MDR TB (resistant to at least INH and rifampin)
☐ Drug-resistant TB other than MDR TB
☐ Culture negative
☐ Culture results not available
☐ DST results not yet available

Remarks

7. History of Class A TB

Complete this section only if one of the following is true (*mark appropriate option*):

- ☐ Applicant was previously diagnosed with Class A TB by the panel physician
- ☐ Applicant was on tuberculosis treatment at the time of presentation for their medical examination

How was the diagnosis made: ☐ Positive laboratory tests ☐ Clinical diagnosis

Diagnostic Chest Radiograph

Facility performing chest radiograph: _____

Date Radiograph obtained (*mm-dd-yyyy*): _____

Findings Present

- | | |
|--|---|
| <input type="checkbox"/> Normal or no findings suggestive of tuberculosis | <input type="checkbox"/> Hilar/mediastinal adenopathy |
| <input type="checkbox"/> Infiltrate or consolidation | <input type="checkbox"/> Miliary findings |
| <input type="checkbox"/> Reticular marking suggestive of fibrosis | <input type="checkbox"/> Discrete linear opacity |
| <input type="checkbox"/> Cavitory lesion | <input type="checkbox"/> Discrete nodule(s) without calcification |
| <input type="checkbox"/> Nodule(s) or mass with poorly defined margins (such as tuberculoma) | <input type="checkbox"/> Volume loss or retraction |
| <input type="checkbox"/> Pleural effusion | <input type="checkbox"/> Irregular thick pleural reaction |
| | <input type="checkbox"/> Other |

Sputum Smear Results at Diagnosis

Date specimen obtained (<i>mm-dd-yyyy</i>)	Date specimen reported (<i>mm-dd-yyyy</i>)	Positive	Negative
1.			
2.			
3.			

Sputum Culture Results at Diagnosis

Date specimen obtained (<i>mm-dd-yyyy</i>)	Date specimen reported (<i>mm-dd-yyyy</i>)	Positive	Negative	NTM	Contaminated
1.					
2.					
3.					

Drug Susceptibility Test Results

Method of DST:	Date specimen obtained (<i>mm-dd-yyyy</i>)	Date DST reported (<i>mm-dd-yyyy</i>)
<input type="checkbox"/> MGIT <input type="checkbox"/> Agar <input type="checkbox"/> LJ		

	Drug	Susceptible	Resistant
Required for first-line DST	Isoniazid		
	Rifampin		
	Ethambutol		
	Pyrazinamide		
Required for multidrug-resistant cases	Ethionamide		
	Amikacin		
	Capreomycin		
	Para-aminosalicylic acid (PAS)		
	Fluoroquinolone, specify: _____		
	Other, specify: _____		

7. History of Class A TB, Continued

Were molecular tests used in addition to the required sputum smears, cultures, and DST:

☐ No

☐ Yes (mark all that apply):

Molecular Test	Mycobacterium Tuberculosis		Rifampin Resistance		Isoniazid Resistance		Second-Line Test
	Positive	Negative	Positive	Negative	Positive	Negative	
<input type="checkbox"/> Hain Line Probe Assay							<input type="checkbox"/> Performed, attach results
<input type="checkbox"/> GeneXpert							
<input type="checkbox"/> Other _____							

Tuberculosis Treatment

Treating physician or institution

☐ Designated DOT site: _____

☐ Non-Designated DOT site: _____

Drug	Dosage	Start Date (mm-dd-yyyy)	End Date (mm-dd-yyyy)
Isoniazid			
Rifampin			
Ethambutol			
Pyrazinamide			
Other, specify:			

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APPENDIX B

UTAH REFUGEE HEALTH

SCREENING FORM



Utah REFUGEE HEALTH SCREENING FORM

Date of Arrival: ____/____/____

Screening Clinic: _____ Screen Date: ____/____/____

Last Name: _____ First Name: _____

Foster Care: ☐

Address: _____ DOB: ____/____/____ Sex: M F Alien ID: _____ Resettlement Agency: _____

Place of Birth: _____ Arrive From: _____ Nativity/Culture: _____ Language: _____ USPHS Class: B1 ☐ B2 ☐

PHYSICAL EXAM:

Weight: _____ Height: _____ BP: _____ BMI: _____	Visual Acuity: Y N Referral needed: Y N	Tobacco user: Y N
--	---	-------------------

TB SCREENING:

TB Test: PPD QFT Tspot Date ____/____/____	Results: ____ mm Neg Pos Indeterminate Date: ____/____/____	X-ray Results: Normal Abnormal Date: ____/____/____
--	---	---

LAB TESTS:

Hemoglobin: _____ Hct: _____ MCV: _____	Diabetes Screened (high risk): Y N Results: _____	Urine Analysis: Y N Findings: _____
HIV (≥13 yrs): <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate	Syphilis (≥15 years): <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate	Gonorrhea: <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate
HIV Confirm: <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate	Syphilis Confirm: <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate	Chlamydia: <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate
Vit D (high risk) Results: _____	Blood Lead (6ms-16ys) Results: _____ µg/dl:	B 12 Tested (Bhutanese) Results: _____
HBsAg (All) Results: _____	HBcAb (All) Results: _____	Hep C (1945-1965) Results: _____

PARASITES

Soil Transmitted Helminths: Treated overseas: Y N Screened at HS: Y N Results: (+/-) _____ Albendazole at HS: Y N Dose: _____	Schistosomiasis: Treated overseas: Y N Screened at HS: Y N Results: (+/-) _____ Praziquantel at HS: Y N Dose: _____	Strongyloides: Treated overseas: Y N Screened at HS: Y N Results: (+/-) _____ Ivermectin at HS: Y N Dose: _____
---	---	---

IMMUNIZATIONS:

Vaccines (date given)

DTaP/TD/Tdap	IPV	HIB	Meningococcal	Hepatitis B	MMR	Varicella	Pneumococcal	Hepatitis A	HPV	Influenza
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____

Serology (+/-)

_____	_____	_____	_____
-------	-------	-------	-------

MENTAL HEALTH:

≥ 14 yrs: RHS-15 Score 1: _____ (≥12 = positive) RHS-15 Score 2: _____ (≥5 = positive) < 14 yrs: Ask parent, "Do you think your child has difficulties with their emotions, concentration, behavior, or getting on with other people?" Y N	Torture/Violence: Y N "In this clinic we see many patients who have been forced to flee their homes because of violence or threats to their health and safety. Were you (or any of your family) a victim of violence and/or torture in your home country?"	All ages: Anxiety: Y N Depression: Y N Other: Y N Describe: _____
How was the RHS-15 administered? Check all that apply <input type="checkbox"/> Self-administered <input type="checkbox"/> Provider assisted <input type="checkbox"/> Interpreter assisted	MH Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	MH Referral Accepted: Y N

OTHER HEALTH CONDITIONS: check category if PRESENT, circle condition or write in space

<input type="checkbox"/>	Cardiovascular:	HTN	↑ BP without HTN	Heart Murmur			
<input type="checkbox"/>	Dental:	Caries	Calculus	Decay	Pain		
<input type="checkbox"/>	Dermatology:	Dermatitis	Scabies	Tinea			
<input type="checkbox"/>	Endocrinology:	Diabetes	Thyroid				
<input type="checkbox"/>	ENT:	Impacted Cerumen	Perforated TM	<Hearing			
<input type="checkbox"/>	Genitourinary:	Dysuria/BPH	Nocturia	UTI			
<input type="checkbox"/>	GI:	Abdominal Pain	Constipation	Diarrhea			
<input type="checkbox"/>	Hematology:	Eosinophilia	Macrocytic anemia	Microcytic anemia			
<input type="checkbox"/>	Musculoskeletal:	Arthritis	Low back pain	Loss of Limb	Other Pain		
<input type="checkbox"/>	Neurology:	Headaches	Neuropathy	Seizures			
<input type="checkbox"/>	Nutrition:	Short stature	Underweight	Overweight	Obesity		
<input type="checkbox"/>	Obstetrics/GYN:	Dysmenorrhea	Menorrhagia	Depo due _____			
<input type="checkbox"/>	Ophthalmology:	Corneal opacity	<Vision				
<input type="checkbox"/>	Pulmonology:	Asthma	COPD	Hx of TB			

COMMENTS:

Screening Physician: _____

Physician Signature: _____

APPENDIX C

REFUGEE HEALTH SCREENER 15

Pathways to Wellness

Integrating Refugee Health and Well-being

Creating pathways for refugee survivors to heal



ENGLISH VERSION

DEMOGRAPHIC INFORMATION

NAME: _____

DATE OF BIRTH: _____

ADMINSTERED BY: _____

DATE OF SCREEN: _____

DATE OF ARRIVAL: _____ GENDER: _____

HEALTH ID #: _____

Developed by the *Pathways to Wellness* project and generously supported by the Robert Wood Johnson Foundation, The Bill and Melinda Gates Foundation, United Way of King County, The Medina Foundation, Seattle Foundation, and the Boeing Employees Community Fund.

Pathways to Wellness: Integrating Community Health and Well-being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Services, Public Health Seattle & King County, and Dr. Michael Hollifield. For more information, please contact Beth Farmer at 206-816-3252 or bfarmer@lcsnw.org.

REFUGEE HEALTH SCREENER (RHS-15)

Instructions: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."



SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODER- ATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

REFUGEE HEALTH SCREENER (RHS-15)

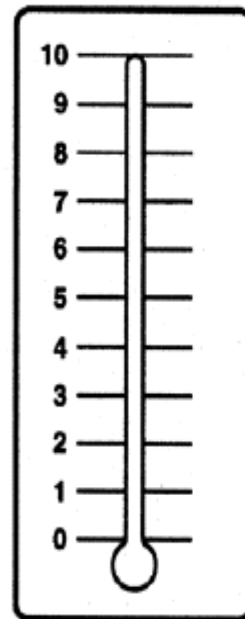
14. Generally over your life, do you feel that you are:

- Able to handle (cope with) anything that comes your way0
- Able to handle (cope with) most things that come your way1
- Able to handle (cope with) some things, but not able to cope with other things.....2
- Unable to cope with most things.....3
- Unable to cope with anything4

15.

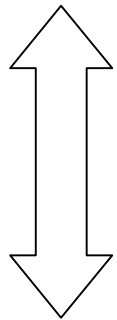
Distress Thermometer

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Extreme distress

"I feel as bad as I ever have"



"Things are good"

No distress

ADD TOTAL SCORE OF ITEMS 1-14: ____

SCORING

Screening is **POSITIVE**

1. If Items 1-14 is ≥ 12 OR
2. Distress Thermometer is ≥ 5

Self administered: ____

Not self administered: ____

CIRCLE ONE:

SCREEN NEGATIVE

SCREEN POSITIVE

REFER FOR SERVICES